



**COMMUNICATION ACCESS REAL-TIME TRANSLATION (CART)
SERVICE REQUEST FORM**

PLEASE FAX TO: City of Los Angeles Department on Disability
Disability Access and Services Division
(213) 202-2715 FAX

For any questions, please contact DOD at (213) 202-2764 Voice or (213) 202-2755 TTY.

APPOINTMENT DATE:	TIME: <input type="checkbox"/> AM <input type="checkbox"/> PM	TO: <input type="checkbox"/> AM <input type="checkbox"/> PM
REQUESTED BY:	PHONE:	
DEPARTMENT:	BUREAU:	
LOCATION OF EVENT:		
ADDRESS:	ROOM: CITY:	STATE: ZIP:
CROSS STREET:	PARKING:	
CONTACT PERSON:	PHONE:	
PROGRAM PARTICIPANT:		
SITUATION:		
<input type="checkbox"/> ONE-ON-ONE <input type="checkbox"/> SMALL GROUP	<input type="checkbox"/> STAGE OR PLATFORM <input type="checkbox"/> LARGE	
THE HOSTING DEPARTMENT WILL PROVIDE ONE OF THE FOLLOWING:		
<input type="checkbox"/> T.V. MONITOR <input type="checkbox"/> LCD PROJECTOR	<input type="checkbox"/> PROJECTOR SCREEN <input type="checkbox"/> OTHER _____	
SPECIAL INSTRUCTIONS: _____ _____		
NAME OF PROGRAM/ACCOUNT FUND: DEPARTMENT: <i>on Disability</i> ADDRESS: <i>201 N. Figueroa Street</i> CITY: <i>Los Angeles</i> ATTENTION: _____		XXX 504/ADA OTHER DIVISION/BUREAU: <i>Disability Access and Services</i> SUITE: <i>100</i> STATE: <i>CA</i> ZIP: <i>90012</i>
AUTHORIZED BY: _____		DATE: _____
OFFICE APPROVAL: _____		DATE: _____